

DEPARTMENT OF HEALTH SERVICES

**MEDI-CAL BENEFITS BRANCH
MEDI-CAL POLICY DIVISION
714/744 P Street, Room 1640
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-1460**



July 14, 2000

TO: All Local Governmental Agencies (LGAs)
Medi-Cal Administrative Activities (MAA) and
Targeted Case Management (TCM) Coordinators

PPL No. 00-010

SUBJECT: ANNUAL SURVEY ON TCM PARTICIPATION

This annual survey is to determine the LGAs that will participate in a TCM program during fiscal year (FY) 2000-2001 and be listed in amendments to the California State Plan. The survey identifies the five TCM programs in the State Plan Amendment (SPA) approved by the federal Health Care Financing Administration (HCFA) and the Home Visitation program which has been proposed. The five TCM approved programs are Public Health, Outpatient Clinics, Public Guardian, Linkages, and Adult Probation. We have included Home Visitation to determine the number of LGAs that would be interested in participating should HCFA approve it.

Please indicate on the Survey Form whether your LGA will or will not participate in each TCM program during FY 2000-2001. Fax or mail this Survey Form completed by the TCM Coordinator to the Department of Health Services by **August 4, 2000**. LGAs that elect to participate in one or more of the five approved TCM programs must be identified in the California State Plan.

Please mail or fax your completed survey form to the Department of Health Services by August 4, 2000.

Department of Health Services
Administrative Claiming Unit
714 P Street, Room 1640
Sacramento, CA 95814
Attn: Ms. Alice Childress
FAX: (916) 657-0957

If you do not respond by August 4, 2000, you will not be able to participate or claim federal funds for the first quarter for the TCM programs. The counties experienced a loss of revenue for FY 1999/2000, as the SPA was delayed due to late submittal of Survey Forms. To avoid this from happening this year, we are requesting that the Survey Forms be submitted by August 4, 2000. LGA Survey Forms received after the August 4, 2000, deadline will be processed for second quarter participation.

All Local Governmental Agencies (LGAs)
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Page 2

We appreciate your cooperation and continued participation in the TCM program. If you have any questions, please contact Ms. Alice Childress, Chief of the Administrative Claiming Unit, at (916) 657-0627, or by email achildres@dhs.ca.gov.

Sincerely,

Original signed by D. Mitchell

David Mitchell, Chief

Enclosure

cc: Ms. Patricia Morrison, Chief
Administrative Claiming and Support Section
714 P Street, Room 1640
Sacramento, CA 95814

Ms. Mickey Richie
Local Liaison
Office of the Director
714 P Street, Room 1253
Sacramento, CA 95814

Ms. Cathleen Gentry
Local Governmental Agency
MAA/TCM Consultant
455 Pine Avenue
Half Moon Bay, CA 94019

Mr. Larry Lee, Accountant
Division of Medicaid
801 I Street, Room 210
Sacramento, CA 95814

SURVEY OF LOCAL GOVERNMENTAL AGENCIES (LGAs)

The purpose of this survey is to identify the LGAs who will be participating in a TCM program during Fiscal Year (FY) 1999-2000, and required to be listed in amendments to the California State Plan. Defined below are the five TCM programs in the State Plan Amendment (SPA) approved by the federal Health Care Financial Administration. Please indicate on this survey form whether your LGA will or will not be participating in each TCM program during FY 1999-2000. This survey form should be completed by the TCM coordinator and mailed to the Department of Health by **August 2, 1999**. LGAs who do not return the enclosed survey form by **August 2, 1999** shall be ineligible to claim TCM reimbursement during FY 1999-2000.

Department of Health Services

Administrative Claiming Unit

714 P Street, Room 1640

Sacramento, Ca 95814

Target Group Public Health	Medi-Cal eligible high-risk persons identified as having a need for public health case management services including the following individuals: <ul style="list-style-type: none"> • Women, infants, children and young adults to age 21 • Persons with HIV/AIDS • Persons with reportable communicable diseases • Pregnant women • Persons who are technology dependent • Persons who are medically fragile • Persons with multiple diagnoses 	Agency will participate Agency will not participate
Target Group Outpatient Clinics	Medi-Cal eligible persons who are in need of outpatient clinic medical services and who need case management services in connections with their treatment because they are unable to access or appropriately utilize services themselves, including the following individual: <ul style="list-style-type: none"> • Persons who have demonstrated non-compliance with their medical regimen • Persons who are unable to understand medical directions because of language or other comprehension barriers • Persons with no community support system to assist in follow-up care at home • Persons who require services from multiple health/social services providers in order to maximize health outcomes 	Agency will participate Agency will not participate
Target Group Public Guardian	Medi-Cal eligible individuals, 18 years or older, who have exhibited an inability to handle personal, medical or other affairs, who are under conservatorship of person and/or estate or a representation payee.	Agency will participate Agency will not participate
Target Group Linkages	Medi-Cal eligible individuals, 18 years and order, in frail health and in need of assistance to access services in order to prevent institutionalization	Agency will participate Agency will not participate
Target Group Adult Probation	Medi-Cal eligible persons who are 18 years of age and older on probation who have a medical and/or mental condition and are in need of assistance in accessing and coordination of medical, social, and other services.	Agency will participate Agency will not participate

Signature (of the TCM Coordinator)

LGA (County or City)

Print Name (of the TCM Coordinator)

Date _____